

Form No. 1

(1) PLACE OF BIRTH

County of Lancaster
 Township of Waynes
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
35200

Registration District No. 2807 Registered No. 37
 (For use of Local Registrar)

St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lucille Mobley If child is not yet named, make supplemental report as directed

(3) SEX girl (4) Twin or Triplet? yes (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 30, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Couplin Mobley
 (9) PRESENT POSTOFFICE OF FATHER Riverside S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 46
 (12) BIRTHPLACE Lancaster S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Fredie Stradford
 (15) PRESENT POSTOFFICE OF MOTHER Riverside S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 40
 (18) BIRTHPLACE Lancaster Co
 (19) OCCUPATION Farming
 (20) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Mobley
 (24) State whether Physician or Midwife midwife

Given name added from a supplemental report

B. J. Richardson
 Registrar

(26) Witness C. J. Stradford
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 4, 1922
 Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MACAM OF COLUMBIA, COLUMBIA, S. C.